

**Republic of Zambia**



***Zambia National Minimum Standards  
for  
Community and Home-Based Care Organisations***

**NAC Technical Working Group on VCT/HBC  
HBC Forum**



**First Version, March 2007**

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## Foreward

## Preface

## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
CATF	Community AIDS Task Force
CBO	Community Based Organisation
CHAZ	Churches Health Association of Zambia
DATF	District AIDS Task Force
DHMT	District Health Management Team
FBO	Faith Based Organisation
HBC	Home-Based Care
HEPS	High Energy Protein Supplement
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IEC	Information, Education, Communication
IGA	Income Generation Activity
MoU	Memorandum of Understanding
NAC	National AIDS Council
NGO	Non Governmental Organisation
NHC	Neighbourhood Health Committee
NRC	National Registration Card
OI	Opportunistic Infection
ORS	Oral Re-hydration Salts
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PLHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counselling and Testing
ZASF	Zambia AIDS Strategic Framework

## Working definitions

**Adherence:** correctly following instructions on taking drugs (required number of pills, taken at the assigned times, with consideration of food requirements and without missing doses).

**Balanced diet:** regularly eating a variety of nutritious foods in the best possible combinations and portion sizes.

**Treatment buddies:** people who are close to clients and who support them to take their HIV or TB medications.

**Caregivers:** people who provide care and support to clients. They can be community volunteers or family members. They are usually not paid a salary for their services, but receive rewards, such as allowances, transportation and uniforms.

**Caregiver kit:** items used by community caregivers to treat signs and symptoms of HIV and AIDS-related conditions.

**Clients:** people who seek services from community and home-based care organisations.

**Client kit:** items that are left in the client's home and used to prevent infection and treat minor conditions associated with HIV and AIDS.

**Counsellor:** a person trained to provide emotional support and guidance to those who are worried about their health, including HIV and its associated challenges.

**Informed consent:** clients make decisions based on information provided to them about the best options for care.

**Opportunistic infections (OIs):** infections and conditions occurring in clients with weakened immunity as a result of HIV, such as TB, pneumonia, fungal infections and skin diseases.

**Post-Exposure Prophylaxis (PEP):** Post exposure prophylaxis refers to measures, which caregivers can take in the event of being accidentally exposed to HIV while providing care to infected clients. There are Zambian Ministry of Health guidelines on PEP.

**Primary Caregivers:** have responsibility to care for clients on a regular basis. This is the first level of care that exists in communities

before involving home-based care organisations or health service providers.

**Staff:** people who are employed by HBC organisations and are receiving either part time or full time salaries. They are often also referred to as caregivers.

**Stigma:** negative attitudes toward people who are HIV positive. Stigma leads to discrimination and isolation.

## Introduction

### History of community and home-based care in Zambia

In the early 1990s, as the number of people infected with HIV in Zambia began to increase, the formal health care system became overwhelmed by the numbers of people requiring hospitalization for long periods of time. As a result, clients were prematurely discharged back to their homes for ongoing, long-term care.

Thus, the community and home-based care movement in Zambia evolved, primarily as a faith-based response to care for the chronically ill. Between 1988 and 1990, the Catholic Church and Salvation Army established large home-based care programmes. Working jointly with organisations such as the World Food Programme, they were also able to provide nutritional support to people living with HIV and those on TB treatment.

Recent statistics cite 16% as the prevalence rate of HIV in Zambia for the population aged 15-49, with over one million people living with HIV. The prevalence rate in urban areas is 25%, while rural areas have recorded a prevalence rate of 13%. Approximately 200,000 adults and 35,000 children are eligible for ART and of these only 70,000 are currently on treatment (GRZ Ministry of Health ART Scale-up Plan, 2006). In order to cope with the number of people living with HIV and AIDS, the HBC movement has expanded to hundreds of organisations that are working to provide treatment, care and support.

Community and home-based care encompasses physical, psychosocial and spiritual care services, including most recently ART. In Zambia, the provision of HBC takes many forms, but typically it is provided by relatives, friends, neighbours or community caregivers working for non-governmental or faith-based organisations. Most home-based care organisations operate in resource-limited rural and urban settings.

Home-based care staff and caregivers train families how to care for clients. When clients need referrals, caregivers serve as the primary link between the client and the health service provider. Both staff and caregivers monitor the client's condition and provide reports to health centres. Many home-based care programmes have strong connections to health centres and are supported by medical professionals, mainly nurses.

Notable success of the home-based care movement is its extensive coverage throughout Zambia. Another success is the involvement of communities and families in voluntarily dedicating themselves to the movement. As a community-based programme, HBC has contributed significantly to raising awareness on HIV and AIDS issues. On the other hand, one of the key challenges of home-based care service provision is widespread stigma in Zambian communities. Sometimes clients do not want caregivers to be seen visiting their homes. However, this is changing, especially with greater acceptance of VCT and availability of ART.

## Policy Framework

The National HIV/AIDS policy provides a framework around which the minimum standards have been developed. This Policy is implemented through the Zambia AIDS Strategic Framework (ZASF). The ZASF is divided into six themes, one of which is the expansion of treatment, care and support. The strategic objectives for this theme are to:

- Strengthen community and home-based care
- Provide access to ART including counselling and testing at all treatment centres
- Expand treatment for tuberculosis, sexually transmitted infections (STIs) and other opportunistic infections
- Support the utilization of alternative and/or traditional medicines which have demonstrated efficacy
- Promote good nutrition and positive living for people living with HIV and AIDS.

Issues related to these objectives and the development of standards are as follows:

- Improve and standardize the quality of palliative care, including home-based, hospice and clinical care for people living with HIV and AIDS
- Link home-based and hospice care to VCT, PMTCT, ART and treatment of opportunistic infections
- Train community members in providing home-based care
- Actively support communities and groups engaged in home-based care

- Strengthen primary health care and social welfare systems in support of home-based care
- Provide psychosocial support and appropriate skills to caregivers
- Devise strategies to address burn-out syndrome and infection risks among home and community service providers
- Ensure that the referral system adequately caters for PLHA
- Strengthen quality nursing care and basic nursing skills of health service providers, caregivers, family members and others as an essential component of PLHA care and support
- Involve PLHA, affected households and support groups in designing prevention, care and support programmes at all levels of the national health care system
- Offer VCT to all home-based care and hospice clients

Since the policy framework is explicit about community and home-based care as a cornerstone of HIV programming, it is necessary to provide a standardized and harmonized approach to the implementation of home-based care to meet the above strategic objectives.

### **The Home-Based Care Forum and the development of minimum standards**

In May 2005, key HBC organisations and stakeholders met to share experiences and challenges in the implementation of home-based care. This meeting led to the creation of the Home-Based Care Forum. In subsequent meetings the Forum identified the lack of guidelines and standards as a priority. HBC Forum members participated in four workshops between November 2005 and May 2006 to develop the first draft of 20 standards.

In July and August 2006, input from 600 people representing a wide-range of HBC organisations and stakeholders was obtained during consultation meetings in all nine provinces of Zambia. In addition, an expert review was conducted through written commentary in August, 2006. All the names of those who participated in the development of the standards are listed in the Acknowledgements section at the back of this handbook.

In September 2006, the second draft of the standards was produced from a database of responses gathered from all the consultations and expert reviews. A high-level consensus building workshop was held in October 2006. This workshop included key HBC organisations from all over Zambia and experts from Ministry of Health, NAC, WHO Zambia, WHO Regional Office.

The result of the consensus building workshop was agreement on the content of the second draft of the standards. It was recommended that several standards on key topics be added to increase the total number of standards to 23. It was at this meeting that the decision was taken to enforce the standards, and to call them Minimum Standards for Community and Home-Based Care in Zambia.

### Why standards for community and home-based care?

These standards are designed to harmonize approaches to home-based care. The standards for community and home-based care provide guidance to all those involved in the care of people living with HIV and AIDS outside of the formal health sector. They outline the principles and steps for which home-based care organisations must strive in order to improve on the quality of care and support offered to the client.

### Why are standards minimum?

Many HBC organisations are faith-based or community-based organisations led by dedicated teams of caregivers. Home-based care organisations are located in both rural and urban areas and face similar challenges: transportation, distance to formal health service providers, availability and costs of drugs, availability of supplies and equipment. In addition, HBC organisations run mainly on volunteer labour. Volunteer caregivers are generally non-professionals with little medical knowledge, limited education and literacy skills, and have time and energy constraints.

These standards are *minimum* because in order for most home-based care organisations to attain them, they need to be realistic. They need to be simple to follow and take into consideration that most organisations will not have access to extensive medical knowledge, qualified staff, additional resources, technologies and expensive medications. Thus, in order to assist home-based care organisations to succeed in achieving a realistic level of quality service provision, standards should be minimum.

## **What are minimum standards?**

Minimum standards for community and home-based care are not new but capture existing knowledge and good practices of Zambia's long history in home-based care. Standards refer to the overall principles of home-based care. They are developed on the foundation that everyone has the right to live and die with dignity. Thus, they are meant for universal application in Zambia. Nationally recognized standards will assist all home-based care providers in Zambia to aim for a package of services at a minimum level of quality.

## **What are indicators?**

For the purpose of this document, indicators describe how the standard is achieved. All the indicators contribute to attainment of each standard and all should be followed.

## **What are key actions and core skills?**

Key action and core skills are pieces of advice that assist HBC organisations to attain the standards. They elaborate on the required capacities and processes that have led to the success of HBC programmes in Zambia.

## **How will these standards be used?**

The standards are intended for use by HBC organisations, programmes, caregivers, clients and communities providing care and support for people living with HIV and AIDS. These minimum standards are not intended to cover facility-based care.

This handbook is intended to be used for both development and implementation of HBC programmes. The standards will also be used as a tool for monitoring.

The minimum standards will regulate the practice of community and home-based care in Zambia. The focus of this regulation is the protection of the client. The standards will be enforced to instil a greater sense of accountability by HBC organisations. The standards will also be used to register and certify HBC organisations. Standards will bring more respect to the people working in HBC programmes and promote clients' rights to quality care. The standards will be a monitoring tool for the NAC Joint Annual Review.

## CATEGORY 1: PREVENTION

### Introduction

The following section describes four standards for preventing the further spread of HIV in the context of community and home-based care. The topics of the standards in this section are Basic Facts of HIV, AIDS, TB, STI and other Opportunistic Infections, Universal Precautions, Community Counselling and HIV Testing, and Education to Reduce Stigma. These standards contribute to the reduction of transmission of HIV, TB, STIs and other opportunistic infections.

Accurate and comprehensive knowledge on HIV, how it is transmitted and how it can be prevented is fundamental to any prevention programme. Caregivers provide services to clients in their homes, which presents an opportunity for their families to learn more about HIV prevention. Accurate information also dispels myths and misconceptions. Knowledge about prevention allows caregivers to learn more about how to care for clients without risk of infection.

Caregivers play an important role in increasing access to HIV counselling and testing, which can influence behaviour change. With the support of health service providers, many HBC organisations are now able to offer counselling and testing in the home. Because of their new responsibilities for testing, home-based care organisations have an increased obligation to support communities in their understanding of the harm caused by stigmatising behaviours, attitudes and language towards PLHA. Home-based organisations should work with other community partners to engage them in strategies that promote acceptance of PLHA.

## **Standard 1: Basic Facts of HIV, AIDS, TB, STIs and other Opportunistic Infections**

**Basic facts of HIV, AIDS, TB, STIs and other opportunistic infections are given to the client in ways that are informative and supportive to the client, caregiver and family.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations provide training to caregivers on basic facts on HIV, AIDS, TB, STIs and other opportunistic infections.
2. HBC organisations provide caregivers with knowledge and skills to discuss sensitive subjects relating to sex and sexuality with communities, families and children.
3. Staff and caregivers are able to disseminate accurate information on HIV, AIDS, TB, STIs and opportunistic infections.
4. HBC organisations refer clients and caregivers who require more information on HIV, AIDS, TB, STIs and other opportunistic infections to appropriate service providers.

## Key Actions and Core Skills

- Staff should assess caregivers' knowledge on HIV, AIDS, TB, STIs and opportunistic infections in order to design an appropriate training programme.
- Staff and caregivers should be able to discuss the following: HIV infection, the "window period," sero-conversion, the asymptomatic stage, opportunistic infections and AIDS.
- Staff and caregivers should be able to clarify myths and misconceptions of HIV, such as false causes of transmission and deceiving methods for treatment and cure.
- Staff and caregivers should be able to discuss frankly and comfortably factors that increase the risk of infection. These include unprotected sexual contact within the context of untreated STIs, alcohol and substance abuse, and multiple partners.
- HBC organisations should regularly update staff and caregivers on HIV and AIDS information, and new prevention methods. Updated information should be given sensitively, and include messages about HIV risk reduction and prevention strategies. Local languages should be used to communicate effectively. Different information forums should be provided for different sex and age groups. The community should be encouraged to give feedback on the appropriateness of information and messages. Withholding information is a sign of stigma and discrimination.
- Fact sheets on HIV, AIDS, TB, STIs and opportunistic infections should be available and written in plain language. The fact sheets should include information on the difference between HIV and AIDS, modes of transmission and how HIV can be prevented.
- Caregivers should assess their clients' knowledge of common signs and symptoms of AIDS, such as unexplained weight loss, swelling of glands, persistent fevers and skin infections.
- Staff and caregivers should educate clients at all times about the use of the male and female condoms and other family planning methods with double protection effects, preventing both unwanted pregnancy and HIV transmission.
- HBC organisations should collaborate with other community-based organisations to address some of the social factors that contribute to the spread of HIV such as stigma, denial, gender inequalities and harmful cultural practices.

## **Standard 2: Universal Precautions**

**Staff and caregivers observe universal precautions that protect the family, caregiver and client when providing care in the community.**

### **Indicators** (to be read in conjunction with key actions and core skills)

1. Staff and caregivers provide communities with accurate information on how to prevent HIV infection while providing care and support to clients.
2. HBC organisations train staff and caregivers about universal precautions using the national guidelines on infection control.
3. Staff, caregivers and family members know the steps to take when they have accidental contact with body fluids while providing care.
4. HBC organisations provide protective clothing and equipment to staff, caregivers and clients.

## Key Actions and Core Skills

- All HBC kits should have protective materials such as gloves, chlorine (Jik), plastic apron etc.
- Staff, caregivers and families should be sensitised about safe waste disposal methods and are provided with waste disposal equipment in their kits.
- Communities should know about injection safety and dangers of re-using sharp instruments such as razors.
- Staff, caregivers and family members who are accidentally exposed to blood and other fluids should be urgently referred to a hospital within 72 hours. Staff, caregivers and community members should know when, where and how to access Post Exposure Prophylaxis.
- Procedures in case of exposure include:
  - Pre and Post test counselling
  - HIV testing
  - Pregnancy testing and the morning after pill where feasible and acceptable
  - Administration of Anti Retroviral Therapy for prophylaxis
  - Antibody monitoring for six months and beyond
  - General health observation
- Education materials should be made available on Universal Precautions and Post Exposure Prophylaxis for the purpose of increasing awareness among the general community. Posters, pamphlets and brochures should be written simply in local languages. Drama, radio and TV programmes should also be used to convey messages about universal precautions and PEP.
- When providing care, caregivers should take into consideration cultural norms and values, while at the same time observing universal precautions. Staff, caregivers and family members should use protective clothing in ways that show consideration for clients. For example, insensitivity is shown when caregivers wear double gloves and masks.

## **Standard 3: Community Counselling and HIV Testing**

**Staff and caregivers provide quality counselling and HIV testing in the community setting**

**Indicators** (to be read in conjunction with key actions and core skills)

1. Staff and caregivers make communities aware of available counselling and testing services in and around their communities.
2. HBC organisations train staff and caregivers in counselling and HIV testing.
3. Staff and caregivers adhere to quality control measures for testing as outlined in the national VCT manual.

## Key Actions and Core skills

- Staff and caregivers should advise clients to seek HIV counselling and testing, and where possible arrange for these services in the home.
- Staff and caregivers should be trained in the use of HIV rapid tests using finger prick technique. This training should be conducted with the assistance of health professionals and laboratory staff.
- Caregivers should follow counselling ethics which include:
  - Recognising the limitation of their own skills and making appropriate referrals to specialized counselling services
  - Seeking verbal consent from the client to provide services in their home
  - Assuring the client of confidentiality. Confidentiality means that the caregiver will not share or reveal any information about the client, unless the client has given permission to do so.
- Staff and caregivers should work with adherence supporters and other counsellors to provide services such as PMTCT, infant feeding, family counselling and rape counselling.
- Staff and caregivers should provide counselling to clients on nutrition, positive living, will writing, and preparing for death.

## **Standard 4: Education to Reduce Stigma**

**Sensitization against stigma and discrimination allows communities to accept PLHA and promote access to HIV and AIDS-related services.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations provide training to staff and caregivers to reduce stigma
2. HBC organisations provide communities with positive messages about HIV and AIDS that do not promote fear

## Key Actions and Core Skills

- Staff and caregivers should know their status.
- Staff and caregivers should promote equal rights for PLHA.
- Community leaders should involve PLHA in planning and implementing strategies for reducing stigma.
- There should be opportunities for communities to identify and address the specific causes of stigma and discrimination in their areas.
- In order to avoid misconceptions that cause stigma and discrimination, communities should be provided with accurate information on HIV, TB, STIs and other opportunistic infections.
- Different strategies for reducing stigma and discrimination should be used, e.g. meetings, radio, media campaigns, drama, discussions, peer education, and group counselling. Messages should give hope to PLHA.

## **CATEGORY 2: TREATMENT**

### **Introduction**

This section describes two standards for providing information on antiretroviral therapy, including adherence support. The topics of these standards are Treatment Literacy and Preparedness and Antiretroviral Therapy and Adherence. Implementation of these standards will increase access to ART, support clients to adhere to medication and enhance the quality of life for people living with HIV and AIDS.

Treatment literacy refers to having knowledge, skills and attitudes that contribute to clients' ability to actively participate in their own treatment. It also allows the client to assist in the education and treatment of others. Treatment literacy ensures effective adherence to treatment and encourages HIV counselling, testing and the uptake of ART.

Caregivers play an important role in expanding access to ART by identifying PLHA who are eligible for treatment. They share with clients information that helps them make informed decisions on ART and how it will affect their lives. Caregivers empower clients to talk to health workers about their medication and treatment plan. In this way, clients are supported to remain at the centre of their own treatment. Caregivers are also able to link PLHA to other community based resources such as nutrition support and buddy groups.

HBC organisations play a role in preparing communities for ART by involving key stakeholders in the dissemination of information about treatment, promoting stigma reduction, and informing them of the long-term implications of taking treatment for life.

## **Standard 5: Treatment Literacy and Preparedness**

**HBC organisations facilitate a process in communities so that clients and their families are fully prepared to accept and adhere to ART and related treatment.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations use the national guidelines on ART.
2. Staff, caregivers and treatment supporters are trained in all aspects of ART provision.
3. Staff and caregivers train community groups, leaders, families and clients on treatment preparedness.
4. HBC organisations work with health service providers to ensure consistent availability of ART.

## Key Actions and Core Skills

- HBC organisations should provide clear guidelines on the roles and responsibilities of staff, caregivers, communities and families for clients on ART.
- Community based organisations should know which services are involved in supporting ART clients, such as clinics, hospices, adherence counselling and support groups.
- Staff, caregivers and families should assess clients' willingness to adhere to treatment to determine whether they are prepared to start and adhere to treatment.
- Caregivers should be able to distinguish mild side effects of ART, such as loss of appetite and insomnia, from major side effects such as skin reactions and renal failure. For example, clients with minor side effects can be advised to drink a lot of fluids if they have diarrhoea or to take medication with food if they experience nausea. Caregivers should inform clients that ART can interact with other medications.
- Staff and caregivers should know the eligibility criteria for special groups requiring ART such as pregnant women with HIV and PLHA with TB.
- Caregivers should know how and when to refer clients to ART centres. They should let clients know that being HIV positive does not mean that they have to automatically start ART.
- Information on ART regimes, benefits, side effects, non-adherence and drug resistance should be made available to communities.
- Caregivers should assist clients to become fully involved in their own treatment by encouraging them to:
  - Take responsibility for taking medication (adherence)
  - Make lifestyle choices that promote positive living
  - Make choices about safe sex and family planning methods to prevent unwanted pregnancies and infection with different strains of HIV
- Different strategies for educating clients and communities on ART should be used e.g. meetings, radio and media campaigns, drama, discussions, peer education, group counselling.
- Testimonies and photographs should be used to support factual information in order to counter myths and misconceptions about ART.
- Communities should create a supportive environment for PLHA to access ART.

## **Standard 6: Antiretroviral Therapy and Adherence**

**HBC organisations facilitate access to ART and support for adherence.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. Staff and caregivers are trained to provide adherence support.
2. Staff and caregivers regularly visit clients on ART to ensure adherence.
3. Staff and caregivers refer clients to adherence counsellors and support groups.
4. HBC organisations work together with local health service providers to support clients on ART and encourage ongoing monitoring.

## Key Actions and Core Skills

- Clients should be made aware that medication for ART should be taken as prescribed and should not be shared with others.
- Clients should be made aware that if they do not consistently take their drugs, they will develop drug resistance.
- Staff and caregivers should explain drug interactions so that clients know what effects to expect and how long they will last.
- The treatment buddy system should be encouraged to enhance adherence.
- Clients should be knowledgeable about the side effects of drugs and their buddies should assist them in seeking appropriate and timely medical advice.
- Clients who are on ART should be screened periodically for TB.
- Caregivers and families should support clients on ART by reminding them of their regular health centre visits i.e. specific dates and times.
- ART clients should be advised to eat nutritious food.
- ART clients who require supplementary nutrition should be encouraged to take High Energy Protein Supplements (HEPS).
- Community support to clients on ART should include transportation, food and psychosocial support.

## **CATEGORY 3: CARE AND SUPPORT**

### **Introduction**

This section describes seven standards for providing community care and support to people affected and infected with HIV and AIDS. The topics of standards in this section are client identification, home-based care kits, basic physical care, management of pain, care of children, psychosocial support, and continuity of care through referrals.

These standards will ensure that HBC organisations provide comprehensive physical and psychosocial services in the homes of clients. These are an extension of services available from the home-based care organisation through referrals to a range of professional services.

Staff and caregivers need to be trained in the provision of home-based care including pain management. These skills need to be passed on to family members who care for clients in their homes. Special consideration should be given to children's needs within the context of care and support to the household. HBC kits should be available to caregivers in the home to enable equity of access to HBC supplies. HBC organisations should empower households with information, skills and referrals to provide care and support for clients who have HIV and AIDS.

## **Standard 7: Client Identification**

**Communities and service providers collaborate to identify clients who need care, support and treatment.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. Staff and caregivers mobilize and sensitise the communities on the existence, availability and location of HBC programmes and other related services.
2. Staff, caregivers and communities are trained to identify clients in need of care and support.
3. Staff and caregivers identify new clients through regular visits to communities and families.
4. Health and other service providers collaborate to refer clients to HBC organisations.

## Key Actions and Core Skills

- Staff and caregivers should build relationships with communities based on trust and shared responsibilities for clients who need care, support and treatment. For example this can be facilitated by:
  - Building on other community-led responses e.g. for orphans, vulnerable children, widows, elderly people
  - Training community members to identify clients
  - Sensitizing communities against stigma and discrimination of clients
  - Promoting truthfulness, openness and mutual respect among community members.
- HBC organisations should increase community awareness of their services through drama, group discussions, posters, group clinics, health talks, community meetings, community radio, and TV programmes.
- Staff and caregivers should work closely with the Neighbourhood Health Committees and other community-based organisations to identify potential clients.
- Clients in the communities should be able to have equal access to HBC services and should not be discriminated against on the basis of sex, age, religion, ethnic group, economic status or any social disadvantage.

## **Standard 8: Accessibility**

**Home-based care and related services are accessible to clients and their families.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations provide communities with accurate information on services related to HIV and AIDS, counselling and testing, anti retroviral therapy, prevention of mother to child transmission, opportunistic infections, and sexually transmitted infections to promote health-seeking behaviour.
2. HBC organisations provide gender-sensitive services.
3. HBC organisations provide user-friendly services.

## Key Actions and Core Skills

- Both men and women should have equal access to HBC services, and special consideration should be given to those who have difficulty in accessing services, i.e. persons with disabilities.
- There should be equitable access to HBC services by all community members, irrespective of their ethnicity, political or religious affiliations.
- User-friendly services should be characterised by:
  - Flexible opening and closing times
  - Shorter waiting times
  - Welcoming and respectful staff
  - Sensitivity to the age and sex of client
  - Privacy and confidentiality in counselling and treatment areas
  - Sufficient time to address client needs
  - Availability of toilets and water.
- Wherever possible, communities should be provided with mobile VCT, ART, OI and STI services.
- HBC organisations and other service providers should collaborate and coordinate to provide outreach services to communities.

## **Standard 9: Home-Based Care Kits**

**HBC kits are consistently available for effective client care.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. Client kits and caregiver kits contain supplies and medicines as recommended by Ministry of Health guidelines.
2. HBC organisations ensure that adequate numbers of HBC kits are available for clients.
3. HBC organisations replenish kit supplies on a regular basis.
4. HBC organisations ensure that HBC kits are properly stored and accounted for to avoid misuse and wastage.
5. Staff, caregivers, clients and their families are given instructions in the correct use of the kits.

## Key Actions and Core Skills

- HBC organisations should be registered with the DHMT to get a regular supply of kits.
- On the first visit, clients should receive a kit that contains all the items listed in the Ministry of Health recommendations. HBC staff and caregivers should ensure that they replenish the contents of client kit during home visits. However, replenishment of the kit should be based on a needs assessment, so that the client receives appropriate supplies and avoids wastage.
- HBC organisations should keep up to date records of the disbursement of kit items and use Ministry of Health recommended forms to reorder kit supplies.
- Staff and caregivers should be trained in the correct use of the kits, whereas clients are given instructions on the use of kits during home visits.
- HBC kits do not include all essential drugs required to treat HIV and AIDS-related illnesses. Therefore the client should be quickly referred to health service providers for conditions that are not responding to treatment or those requiring specialised services.

## **Standard 10: Basic Physical Care**

**The client receives basic physical care that provides comfort and relief at home.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. Staff and caregivers are trained to provide basic physical care to clients.
2. Staff and caregivers determine the type of care after physical inspection and in consultation with the client and family members.
3. Caregivers should show sensitivity and respect for the client during the provision of care.
4. Clients and their families understand what is required for basic physical care at home.
5. Referrals are made when a client's condition gets worse or if specialised care is required.

## Key Actions and Core Skills

- Physical inspection of client should include examination of:
  - condition of mouth
  - condition of skin and pressure points
  - colour of eyes
  - general swelling
  - swelling of glands
  - sores.
- Basic physical care should include:
  - Simple management of pain (application of oil or Vaseline to dry skin, gentle exercises, turning clients to prevent bedsores)
  - Sponging, bathing, shaving, cleaning of sores, cutting nails
  - Mouth care (assisting clients to clean their teeth and tongue, treating oral sores including thrush).
- Bed-ridden clients should be visited frequently to assess their condition for possible deterioration and referral.
- More than one person should turn clients who are bedridden in order to minimize the client's pain.
- Staff and caregivers should encourage families of bedridden clients to observe hygienic practices as much as possible, e.g. regular sponge baths, clean clothes and bedding, proper disposal of sputum and other body waste.
- HBC organisations should pair up male caregivers with male clients, and female caregivers with female clients as much as possible. This is because clients may wish to be provided with physical care by a volunteer of the same sex.

## **Standard 11: Management of Pain**

**Clients with pain receive appropriate medication as required.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. Staff and caregivers are trained in pain assessment and management.
2. Staff and caregivers sensitize clients and their families on pain and its management.
3. Staff and caregivers determine severity of pain in order to give appropriate medication.
4. HBC organisations make available to clients basic drugs for pain management.
5. Staff and caregivers monitor pain management in order to refer clients for further treatment.

## Key Actions and Core Skills

- Staff and caregivers should give information to clients on issues pertaining to pain management e.g. appropriate use of painkillers, drug interaction, dosage, and drug addiction.
- Prior to management of pain, an assessment should be performed to determine the type and severity of the client's pain. The standard tool on pain assessment should be used in the ongoing monitoring of pain. In addition, families should pay attention to clients' complaints of pain.
- Staff and caregivers should take into consideration the following steps when managing pain:
  - Regularly grade the client's pain
  - The first and last dose of painkillers each day should be linked to the waking and sleeping times of the client
  - Write out the drug regimen for the client and their families to ensure that they understand how and when to take medications
  - Ensure that drugs are provided at a level that keeps the client as alert and active as possible.
- Staff and caregivers should record the results of the pain assessment for the purpose of follow-up.
- HBC staff and caregivers should know that there are non-medicinal ways that can relieve pain.
  - Emotional support e.g. listening to their clients' worries, allowing them to discuss their pain, providing support and understanding
  - Physical methods e.g. touch, applying ice or heat, deep breathing, massage
  - Cognitive methods e.g. distraction such as radio, music, relaxation techniques
  - Spiritual support e.g. prayer, hymn singing.

## **Standard 12: Care of Children**

**Children's rights and needs are recognised in the design and implementation of HBC programmes.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC staff, caregivers, guardians and parents are knowledgeable about services available for children.
2. Staff and caregivers give children appropriate messages related to HIV prevention and life skills during home visits.
3. Staff and caregivers give assistance to children who are providing care and support to clients and other family members.
4. Staff and caregivers regularly visit infected children to ensure that they are receiving care and support appropriate to their age group.
5. Staff and caregivers refer affected children to appropriate services.

## Key Actions and Core Skills

- A child is defined as below the age of 18 years. Children may be infected through mother-to-child, sexual or accidental transmission. Children are affected by their parents' death. Sometimes they are taken out of school and become caregivers for ill parents or relatives.
- Staff and caregivers should educate the community not to discriminate against infected or affected children. Children should be encouraged to participate in caring for their sick relatives. Caregivers should assist in identifying appropriate tasks for a child to perform.
- Staff, caregivers and community members should identify children who cannot go to school because they have to care for parents or guardians who are ill. Efforts should be made to get them back into school by referring them to organisations that provide food, bursaries and other assistance.
- Services where children can be referred to include: legal services, peer support groups, counselling, testing, care, education, health, food and nutrition programmes and life skills.
- HBC organisations' codes of conduct should specify behaviours that violate the rights of children. Children's rights are respected in these ways:
  - Keeping their confidentiality and acknowledging their needs for privacy
  - Seeking their agreement on referrals and admissions
  - Not disclosing their family situation to others, e.g. neighbours, teachers
  - Recognising and respecting the roles and responsibilities that the child has in the home
  - Before counselling and testing children, consent from parents or guardians should be obtained
  - Children should receive care and support in the presence of two people.
- Staff, caregivers and community members should be aware of and report child rights violations.
- HBC organisations should form linkages with OVC programmes to advocate for children's rights, e.g. to prevent property grabbing and child abuse.
- HBC programmes should value children as potential agents of change as peer educators and role models.

## **Standard 13: Psychosocial Support**

**Psychosocial support and counselling is provided in ways that reduce anxiety and empower the client, caregiver and family.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. Staff and caregivers are trained in counselling skills to provide quality psychosocial support for clients and affected families.
2. HBC organisations adhere to rules of privacy and confidentiality as outlined in the Zambia Counselling Council guidelines.
3. HBC organisations provide psychosocial support and counselling to their staff and caregivers at regular intervals to help them cope with stress.
4. Staff and caregivers recognise their personal limitations in providing psychosocial support to clients, and refer them to relevant services.

## Key Actions and Core Skills

- Staff and caregivers should value and respect information given by clients and family members, and treat it confidentially.
- Caregivers should demonstrate the qualities of an effective counsellor, which include being a good listener, having empathy, being respectful of clients, not being judgmental.
- Counselling does not prescribe what clients should do but rather assist the client in choosing which steps to take.
- Caregivers should give information to clients truthfully, and in ways that are reassuring.
- Staff and caregivers should provide a positive vision for clients through counselling that respects the client's social background, beliefs and spirituality. People living with HIV and AIDS should be encouraged to train as counsellors.
- Caregivers should sensitise communities and families on the psychosocial support needs of clients.
- Male counsellors should be paired up with male clients, and female counsellors with female clients.
- Complex psychosocial needs should be defined such as suicidal tendencies, clinical depression, and alcohol and drug addictions. Referral procedures should be established for these conditions.
- HBC organisations should acknowledge that they may have gaps in their ability to provide psychosocial support. Depending on their needs, clients may be better served by other organisations.

## **Standard 14: Continuity of Care through Referrals**

**HBC organisations and other service providers collaborate within a system that provides timely referral of HBC clients for HIV prevention, treatment, care and support according to their changing conditions and needs.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. Staff and caregivers are adequately trained to identify clients' changing conditions and needs, so that they can make timely referrals.
2. Staff and caregivers refer clients to services within a district-wide network that includes HBC organisations and health and social service providers.
3. HBC organisations, health and social service providers use the same referral form.
4. Staff and caregivers inform clients and family members of the implications of the referral.

## Key Actions and Core Skills

- Staff and caregivers should be oriented to the services provided within the referral system. This information should be provided through a guide that describes each service, its location and contact information.
- Staff, caregivers, and service providers should provide accurate information to clients regarding the services provided at the place of referral.
- Staff and caregivers should provide to discharged clients adequate information about their conditions and where to go for follow up.
- HBC organisations should encourage communities to facilitate referrals through the provision of transport, funds, stretchers, childcare and food.
- Referral forms should include the following: date, name, age, sex, weight, address, NRC, case history, allergies, next of kin, blood group (if possible), occupation, marital status, condition of client, reasons for referral, name of referral centre, health centre referred to, attending and referring person, follow-up care, review date, feedback space for the service provider and caregiver.

## **CATEGORY 4: HUMAN RESOURCES**

### **Introduction**

This section describes three standards for managing human resources in HBC organisations. These standards include; recruiting staff and caregivers, retaining staff and caregivers, and capacity building.

The topics in this section address important elements that HBC organisations need to address as they recruit staff and caregivers to provide quality care to communities. Standards in this section also address retention of staff through workplace environment, rewards and recognition. Because caregivers work on a voluntary basis, their retention is crucial to the HBC programme. Standards on skills training will empower caregivers by providing opportunities for 'learning by doing' and competence-based training.

## **Standard 15: Recruiting Staff and Caregivers**

**HBC organisations use transparent methods to select suitable staff and caregivers.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations advertise positions for staff and caregivers widely to ensure that all suitable candidates have equal opportunities to apply.
2. HBC organisations recruit both men and women as staff and caregivers to promote gender equity.
3. HBC organisations recruit PLHA as staff and caregivers to reduce stigma and discrimination.
4. HBC staff have appropriate qualities, qualifications and experience.
5. HBC organisations recruit caregivers from within the community to encourage ownership and continuity.

## Key Actions and Core Skills

- Advertising for recruitment of staff and caregivers should use appropriate communication channels that reach all people who may be interested in applying, e.g. community meetings, church services, market stalls, schools and health centres.
- Sufficient information about opportunities, roles and responsibilities should be provided to communities so that they can encourage PLHA, men, and women to apply.
- HBC organisations should involve community leaders in the identification and selection of caregivers.
- HBC organisations should not discriminate in the caregiver recruitment process on the basis of education, ethnicity, religion or other differences.
- Those who wish to work as caregivers, but are not able to read and write, should be paired with caregivers who can.

## **Standard 16: Retaining Staff and Caregivers**

**HBC organisations provide an enabling environment for staff and caregivers.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations have written conditions of service with job descriptions for staff and caregivers.
2. Staff and caregivers sign a code of conduct upon being recruited.
3. HBC organisations offer regular refresher training to staff and caregivers to inspire greater confidence and empowerment.
4. HBC organisations review staff and caregiver performance and conditions regularly.
5. HBC organisations provide essential supplies and equipment to staff and caregivers for their work.
6. HBC organisations and communities provide rewards to recognise the efforts of staff and caregivers.

## Key Actions and Core Skills

- Caregivers should be assigned responsibilities that are in line with their capabilities.
- HBC organisations should review staff and caregiver conditions regularly. Staff and caregivers should have regular appraisals.
- Staff and caregivers should be involved in planning and assessing programme activities so that they feel a sense of ownership and pride for the achievements of the organisation.
- For their own security, caregivers should be provided with a form of identification, e.g., cards, t-shirts, so that communities recognize them as part of the HBC organisation.
- Where possible, caregivers should be provided with transportation to facilitate their work, especially where clients are based remotely.
- A copy of the HBC organisation's code of conduct should remain with staff and caregivers so that they are reminded of the regulations.
- HBC organisations should have an arbitration resolution mechanism in place to resolve conflicts between staff, caregivers, clients and their families.
- HBC organisations should hold special events for caregivers to reward their efforts and make them feel part of the organisation, e.g. sports and recreation, labour days, volunteer of the month.
- Other rewards for caregivers may include bicycles, blankets, food, farming inputs, medical and funeral support.
- HBC organisations and communities should collaborate in making decisions on and providing rewards to caregivers.
- HBC organisations working within the same area should coordinate to harmonize reward schemes for caregivers.

## **Standard 17: Capacity Building**

**Training equips staff and caregivers with necessary knowledge and skills to provide quality care and support to clients**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations use qualified staff from health and other related institutions to train staff and caregivers in prevention, care and support.
2. HBC organisations train staff and caregivers in behaviour change and communication skills.
3. HBC organisations provide theory and practical training to staff and caregivers.
4. HBC organisations use National HBC guidelines and manuals for training.
5. HBC organisations make learning materials available to each staff and caregiver.
6. HBC organisations evaluate training programmes by involving trainers, caregivers and staff.

## Key Actions and Core Skills

- HBC organisations should provide training to caregivers before they begin their work, and refresher courses should be offered at regular intervals.
- Trainers should be skilled adult educators who have experience in training staff and caregivers. Trainers should recognize the wealth of experience that staff and caregivers bring into the learning environment. In an ideal adult learning setting, 10-15 participants per trainer is recommended.
- Trainers should use local languages to complement English language during training, so that caregivers can better understand the concepts.
- Learning materials for caregivers should be illustrated and written in language that is easy to understand.
- Training should emphasize “learning by doing” through practicals to reinforce theory.
- Refresher training sessions should be of short duration and spaced in regular intervals, preferably during monitoring and supervision visits to reinforce on-the-job training.
- At the end of each training programme, participants should evaluate the programme and receive documentation acknowledging their attendance.

## **CATEGORY 5: MANAGEMENT**

### **Introduction**

This section describes six standards for managing HBC organisations. These standards are supplies and equipment, coordination, record keeping and information management, supervision and monitoring, financial management, community contributions to HBC programmes.

These standards ensure that all HBC services and resources are effectively planned, managed and utilized. Financial support for home-based care activities in the community and good management of resources creates an enabling environment for quality HBC services for clients and families.

In order to instill transparency in the management and utilization of resources, standards in this section have emphasized the need for community participation at all levels of planning and implementation. Emphasis is also put on the need for HBC organisations in conjunction with DHMTs and DATFs to conduct supervisory visits to HBC programmes and to provide feedback to staff and caregivers.

## **Standard 18: Supplies and Equipment**

**HBC supplies and equipment are available for HBC activities.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations collaborate with communities and DHMTs to provide appropriate space for HBC programmes.
2. HBC organisations locate their programmes so that they can be easily accessed by staff and caregivers.
3. HBC organisations provide secure storage for supplies and equipment.
4. HBC organisations put in place simple inventory systems to account for supplies and equipment.

## Key Actions and Core Skills

- There should be a clearly stated agreement between the HBC organisation and the owner of the location where supplies and equipment are stored.
- The location of the HBC programme should be made known to caregivers, clients and the community.
- HBC organisations should have safe and secure storage facilities. These facilities should be locked rooms with grill doors.
- HBC organisations should keep proper records and inventories for all purchased supplies and equipment. HBC organisations should monitor the proper management and usage of supplies and equipment.

## **Standard 19: Coordination**

**HBC organisations coordinate with government and other service providers.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations seek technical support from DHMT and DATF.
2. HBC organisations work with DHMT and DATF and other stakeholders to develop district strategic plans for implementing HBC activities.
3. HBC organisations have well-defined catchment areas for their programmes.
4. HBC organisations, government, and other service providers hold regular consultative and review meetings.
5. HBC organisations submit funding proposals to DHMT and DATF for approval before submission to funding agencies.

## Key Actions and Core Skills

- Coordination includes networking, information sharing, joint planning, resource sharing and resolving conflicts.
- HBC organisations should seek technical support and advice from DHMT, DATF and communities for the following:
  - Training programmes
  - Reference materials
  - Kit supplies
  - Planning
  - Funding proposals.
- HBC organisations should have maps of the catchment areas displayed in their offices. Catchment areas should be clearly mapped to avoid duplications.
- HBC organisations working in the same area should encourage exchange visits between staff and caregivers.

## **Standard 20: Record Keeping and Information Management**

**HBC organisations capture accurate data, which is kept and managed for monitoring and planning.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations train staff and caregivers in data collection and reporting.
2. HBC organisations use the national information management forms (HMIS) for data collection.
3. Staff and caregivers record each contact with the client.
4. HBC organisations have efficient filing and record keeping systems.
5. HBC organisations keep client records in a secure and central location, accessible to authorised staff.

## Key Actions and Core Skills

- HBC organisations should train newly recruited staff and caregivers in data collection and record keeping to ensure consistent quality of information.
- HBC records should be kept in a locked cabinet, box, or trunk. If records are transferred to a database on a computer, they should be backed up on to a CD or flash disk.
- HBC organisations within the referral system should share data periodically in order to monitor local trends.
- Staff and caregivers should not share client files with unauthorized individuals. Staff and caregivers should keep client records and information confidential.

## **Standard 21: Supervision and Monitoring**

**HBC organisations supervise and regularly monitor their programme activities to achieve intended objectives.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations train staff in monitoring, supervising and reporting.
2. HBC organisations have work plans that include supervisory and monitoring activities.
3. HBC organisations have monitoring indicators that are consistent with those of DHMT.
4. HBC organisations involve DHMTs and DATFs in monitoring and supervision exercises.
5. HBC organisations document results of monitoring activities and provide feedback to caregivers, communities and other service providers.

## Key Actions and Core Skills

- HBC organisations should plan monitoring and supervision activities from the beginning of the programme as well as regular reviews.
- HBC organisations should agree on common indicators to be monitored, e.g. number of:
  - HBC clients
  - referrals and discharges
  - deaths
  - clients going for VCT
  - clients on TB and ART treatment
  - trained caregivers
  - IEC materials distributed.
- HBC organisations should have simple tools for monitoring, e.g. checklists.
- HBC organisations should conduct regular site visits to assess progress on activities.
- HBC organisations should involve communities in assessing services. Community groups should include Neighbourhood Health Committees, PLHA groups, and Community AIDS Task Force.

## **Standard 22: Financial Management**

**Finances are managed in ways that demonstrate transparency and accountability.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations have skills in budgeting and financial management.
2. HBC organisations develop and review budgets with community participation.
3. HBC organisations ensure that budgets and financial reports comply with government and donor requirements.
4. HBC organisations undertake internal and external audits on their financial management systems and expenditures.

## Key Actions and Core Skills

- Accountable financial management should involve budgetary monitoring and expenditure tracking that is linked to delivery of services.
- HBC budgets should be tied to planned activities.
- HBC budget formats should be simple to understand and use.
- HBC organisations should provide staff and caregivers with basic skills in bookkeeping.
- HBC organisations should provide feedback from audit reports to staff and caregivers.
- HBC organisations should prepare simple financial reports to be shared with the community.

## **Standard 23: Community Contributions to HBC Programmes**

**Communities sustain HBC programmes by taking ownership and mobilizing resources.**

**Indicators** (to be read in conjunction with key actions and core skills)

1. HBC organisations sensitize communities about the importance of their involvement in and contributions to the HBC programme.
2. HBC organisations work with community leaders to identify the needs of clients and assess the level of contributions required.
3. HBC organisations work with communities to make links with income generating activities.

## Key Actions and Core Skills

- Leaders involved in promoting community support for the HBC programme should be role models with influence, e.g. councillors and church elders.
- Support to HBC organisations should include human and financial resources, infrastructure and materials. Examples may include:
  - Caregivers time
  - Transportation (community ambulances) and communication services (community police radios)
  - Premises for HBC programmes e.g. space in church
  - Rewards for caregivers e.g. bicycles, food.
- Community programmes should keep track of contributions, so that they know how much they have collected and from whom.
- HBC organisations should facilitate linkages with skills training programmes in entrepreneurship to enhance community contributions and ensure sustainability. Entrepreneurship may include mushroom growing, chicken rearing, vegetable gardening, rice farming, basket weaving, bead making, doormat making, and other IGAs that have been successful in Zambia.

## REFERENCES

- Change Project (2003) ***Understanding and challenging HIV STIGMA- a Tool kit for Action.***
- Family Health International (2003) ***HIV/AIDS care and treatment. A clinical course for people caring for persons living with HIV/AIDS.*** FHI and Impact USA
- International centre for research on women (2003) ***Disentangling HIV and AIDS Stigma in Ethiopia, Tanzania and Zambia.***
- Ministry of Health (2004) ***Nutrition guidelines for care and support of people living with HIV and AIDS.*** Zambia
- Ministry of Health (2004) ***Comprehensive handbook for community home based care reference manual.*** Zambia
- Ministry of Health (2005) ***National HIV/AIDS/STI/TB Policy.*** Zambia
- Ministry of Health / Save the children Uganda (2003); ***Care for children infected and those affected by HIV and AIDS;*** A handbook for community health workers.
- Ministry of Health and child welfare Zimbabwe (2004) ***National Community Home based care standards.*** Zimbabwe.
- Ministry of Sport, Youth and Child development (2006) ***National Child Policy 2006.*** Zambia.
- National Aids Council (2004) ***Joint review of the national HIV/AIDS/STI/TB intervention strategic Plan 2002-2005 and the operation of the National AIDS Council.*** Zambia
- National AIDS Council (2005) ***Second joint annual programme review of the national HIV/AIDS/STI/TB intervention strategic plan (2002-2005) and the operations of National AIDS Council for the year 2004.*** Zambia.
- WHO (2006) ***HIV prevention, treatment, care and support; a training package for community volunteers.*** Geneva
- Under the Mupundu Tree (2001) ***Strategies for Hope V,14. Volunteers in the home care for people with HIV/AIDS and TB in Zambia's Copperbelt.*** Zambia